

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
097806861

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1	1			
5		1	2			
6	1		1			
7	1		1			
8	1		2			
9		1	1			
10	1		1			
11		1	1			
12	1	2	1			
13	1		1			
14		3	1			
15			1			
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TOTAL IND.	7		2			
TOTAL DEP.	15		8			
TOTAL CLAIMS	22		10			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS